

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

APPLICANT(S)
09/768831

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1			/			
2	/		/			
3	/		/			
4	/		/			
5	/		/			
6	/		/			
7	/		/			
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23						
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25	/		/			
26	/		/	0		
27	/		/			
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49						
50						
TOTAL IND.	4		4			
TOTAL DEP.	21	→	21	→	→	
TOTAL CLAIMS	31	██████████	31	██████████	██████████	

CLAIMS	IND	DEP	IND	DEP	IND	DEP
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TOTAL IND.						
TOTAL DEP.		→		→	→	
TOTAL CLAIMS		██████████		██████████	██████████	